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MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Statistical Supplement to the

GOVERNMENT DOCUMENTS

COLLECTION

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University of Massachusetts

Annual Report

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FISCAL YEAR 1975


OFFICE OF RESEARCH
AND PLANNING
JUNE, 1976

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Alfred C. Holland, State Purchasing
Agent



The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

ALEXANDER E. SHARP, II
COMMISSIONER

TO: Alexander E. Sharp, II Commissioner DATE: 7/19/76
FROM:  Martin Abramowitz, Assistant Commissioner
for Research and Planning
RE: FY 1975 Statistical Supplement to the Annual Report

As you know, throughout the year the Office of Research and Planning responds to requests for basic program information which come from other sections of the Department, as well as the Legislature, the Administration, the academic and advisory communities, and the general public.

Herold Doherty's "Statistical Supplement to the Annual Report" summarizes the major developments in caseload, expenditures, and services for the fiscal year.

This report "closes the books" on FY 1975, in a summary format which we hope will continue to be useful to staff and our various "information constituencies".

MA:rk

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PUBLIC WELFARE IN FISCAL YEAR 1975 IN STATISTICAL TERMS

Expenditures

The report which follows will describe in statistical terms the cases and persons aided by the Department of Public Welfare under the various programs and the expenditures made by the Department for the persons and cases aided. The analysis will include comparisons with past data and comparisons with other programs during the same time span, usually fiscal year 1975, and the reason for the changes and differences. The complete report is designed to inform the interested taxpayer and citizen and to serve as a useful source of welfare data for other agencies, both government and private, and researchers.

Total expenditures in Massachusetts for Public Welfare, in fiscal year 1975, after adjustments, was \$1,264,650,341. Of this sum, 46.8 percent was for Assistance Payment programs, 42.9 percent for medical care and the remaining 10.3 percent for Social Services and Administration.

Compared to the year before, total expenditures were up 11.8 percent or \$194 million. Approximately 40 percent of this total expenditure was paid for by revenue from sources other than the state treasury, most of the revenue taking the form of matching funds from the federal government.

Expenditures for Public Welfare have continued to increase each year as the caseloads continued to increase. Another factor accounting for the continued increase has been the increase in prices as measured by the Consumer's Price Index. If prices had continued at the level they were in 1972, it is estimated that total expenditures would have increased about 20 percent rather than the 46.5 percent actually experienced. Because of the increase in the size of the caseload from 1972 to 1975 some actual increase could be expected. These increases are for the assistance payment and medical assistance programs only, but similar comparisons are made for social services and administration.

Of all the major programs, medical assistance is the largest and compared to the year before, expenditures were up 9.2%. The largest year to year increase percentagewise was in the General Relief program (36.2%) and the largest increase in actual dollars in the AFDC program. Small decreases in program expenditures were experienced in the DA-SSI and Cuban Relief programs in fiscal year 1975.

Expenditures for all the major programs were highest in the Boston Region followed by the Greater Boston Region. The two regions remained in the positions they held in fiscal year 1974 but a shift seems to have taken place between regions in that the Boston and Greater Boston Regions together account for a larger portion of total medical expenditures but a smaller portion or percent of total AFDC and GR expenditures. In 1975 (fiscal year) these two regions accounted for 47 percent of all program expenditures for Medical Assistance, AFDC and GR.

Caseloads

In fiscal year 1975 every program had an increase in the number of cases aided. The largest increase in percentage terms was in the program for medically indigent children under 21 years of age. The program had an increase of 83.1 percent with 19,015 cases in the average month eligible to receive medical assistance. Other large percentage increases were found in the AFDC Related Medical Only program (up 56.2%), General Relief (up 49 percent) and the AGED SSI program (up 32.7%). The total caseload (the average monthly number of persons who were eligible to receive assistance in the month) increased 25 percent or 67.4 thousand cases.

In actual cases, the largest increase was in the AGED-SSI program. Over 19 thousand additional aged persons were receiving assistance in fiscal year 1975 compared to 1974 under the Aged SSI program. Other large increases from fiscal year 1974 were felt in the AFDC program (up 14,386 cases) and the General Relief program (up 13,165 cases).

In caseload size the AFDC program is the largest followed by the Aged SSI program and the Aged Medical Assistance Only program. Of the total caseload in fiscal year 1975, the AFDC program accounted for 31.5 percent of the cases, the Aged SSI caseload 22.9 percent and the Aged Medical Assistance Only cases 12.3 percent.

The largest portion of the total caseload resides in the Boston Region(23.6%) followed by the Greater Boston and then the Springfield Region. Smallest region in caseload size was the Worcester Region.

Medical Assistance

Total medical payments reached \$543 million in Fiscal Year 1975 with an additional \$16.1 million in medical services for welfare cases provided by the Department of Mental Health. Of this total of \$559 million all but \$38.6 million was matched on a 50-50 basis by the federal government.

Compared to the year before the Department's Fiscal Years expenditures were up 11.7 percent or 57.3 million dollars. This increase was in large part due to the higher caseloads and higher rates for particular medical services such as one day's care in a hospital.

Payments to acute and chronic hospitals accounted for 38.8 percent of the total expenditures or 210.9 million dollars. Long term care in nursing homes, medical institutions and mental hospitals accounted for an additional 36 percent of the total. Together, institutionalized medical care accounted for about three-fourths of all medical payments and 406 million dollars.

The eligible caseload increased from an average in FY 1974 of 288,216 per month to an average of 340,773 per month in FY 1975. The largest eligible caseload for medical services were AFDC recipients and under that program was the largest number of persons who actually received medical services in an average month. Each month approximately 215,535 persons on AFDC (out of 346,733) actually had a payment made for them.

The highest average medical payment was made for persons under the Aged-Medical Care Only program with an average payment per month per case of \$486.80 (for the 34,790 actually receiving medical services). Lowest average payment was for persons under the AFDC program who had an average payment per case per month of \$60.97. Although the largest number of persons receiving medical services were under AFDC the average payment made for those persons was comparatively low.

The average payment for all cases actually receiving a medical service was \$259.38 per month for over 215,000 cases.

Six states had higher expenditures for medical care in fiscal year 1975 but only three states in fiscal year 1970 (based on May of each year). Of the total public welfare expenditures for medical care in the United States in May 1975, Massachusetts accounted for 3.2 percent.

Income Maintenance

The number of aged persons being aided through the Supplemental Security Program has increased 32.7 percent from fiscal year 1974 while in fiscal year 1975 total payments by the Commonwealth for these clients increased 19.3 percent. Since the takeover by the federal government on January 1, 1975 the number of cases has increased at an increasing rate and is probably due to a number of factors. Greater acceptance of the program by the aged, the effects of inflation on prices to fixed incomes and lack of employment opportunities. There is also a greater number of eligible aged citizens.

Income Maintenance (cont.)

To some degree the same is true of the Disabled-SSI caseload - a large increase in caseload but the cause of the increase is quite different. Total payments for the disabled cases actually fell 3.9% rather than increase as they did for the aged and the reasons for the large caseload increase though due to poor economic conditions also reflected the automatic eligibility determination for persons applying for Social Security benefits and the relaxed income eligibility requirements.

The number of persons being aided under the AFDC program in the average month in fiscal year 1975 compared to fiscal year 1974 was up about 35,000 or an 11.6 percent increase. Payments were up 25.4 percent for the fiscal year but the average payment per case per month of \$405.50 was up 8.4 percent. Again the increase probably reflected the poor economic conditions in the Commonwealth, especially the lack of jobs for clients already receiving assistance. In the past five years the AFDC caseload has increased 86.4 percent, or from just under 57 thousand cases to just over 106 thousand cases. Based on payments in May 1975, Massachusetts ranked fourth in average payment per case, in the nation, the same position it held in April 1974. Adjustments were made for the Quarterly Special Needs payment in both months to enable comparison with the other states.

In fiscal year 1975 the General Relief caseload experienced a 49 percent increase as unemployment increased along with high prices and a decline in economic activity. Also adding to the higher caseload total were disabled cases that could not meet the stricter standards of the SSI program.

Total payments likewise increased (up 36.2 percent) but the medical proportion decreased while the direct payment proportion increased. Over all the average payment declined slightly as the percentage increase in cases was greater than the percentage increase in payments.

Massachusetts fell from the seventh rank to the thirteenth rank in the size of the average payment per case per month from April 1974 to May 1975 and at \$122.36 in May 1975 was \$20.62 and 14.4 percent below the national average. In 1974 (April) the average payment was 8.3 percent above the national average.

Social Services

As usual the largest part of the social service expenditures was for the children under the care of the Department. Over 30 million dollars was used for this purpose out of a total of 61 million dollars, and represents, when added to the expenditures for the tuition and transportation of these children, an increase of 6.5 percent over the year before total. A larger proportion of the child welfare expenditure was used for payments to foster mothers and non-medical institutions in 1975 than in 1974 while the payments for tuition and school transportation fell over the year from 12 to 5.2 percent of the total. Other large social service programs included AFDC-Day Care, Services to the Aged and Disabled and various services provided under the Donated Funds Program.

This program, Donated Funds, administered by the Office of Social Services, accounted for a total expenditure of 4.2 million dollars. Private agencies paid about 25 percent and the federal government the remaining 75 percent. The Department only administers the program. The number of clients served increased significantly from Fiscal Year 1974 and a new campership program was added which served over 5500 clients.

Administration

Total administrative cost reached just over 71 million dollars, of which 5.3 million was for the vendor payment system, 4.4 for the Food Stamp program and 1.8 for the Hospital Admittance Surveillance System.

Compared to Fiscal Year 1974 administrative costs were higher in 1975 (FY) mostly due to the new additional programs of Food Stamp administration, the Child Support Enforcement Unit and the administration of the social service units, such as Donated Funds which in 1974 were included with Social Services expenditure totals.

Regular administration increased about 2 million dollars, the Vendor Payment System 1.5 million and the HASS system administrative costs almost doubled from \$959 thousand in FY 1974 to \$1.8 million in FY 1975.

Over all we can say that both expenditures and caseloads increased in Fiscal Year 1975, when compared to the same data for Fiscal Year 1974, and to a large extent this was due to the depressed economic climate in the Commonwealth. At the same time changes in service delivery and organization were underway in the social service sector and various new methods of administration were being utilized to insure that the limited funds were going to the people who needed assistance the most.

Food Stamp Program Caseload and Expenditures

The Food Stamp program was designed to improve the diet of the indigent people of Massachusetts by making it possible to purchase foods with more nutritional value. The program in its present form began on July 1, 1974. At that time many public assistance cases who by definition were eligible for food stamps, were soon given authorizations to purchase stamps and thereby gained the bonus value of the stamps. The non-public assistance food stamp caseload grew at a much slower pace because of the vast amount of paperwork necessary to find a case eligible, staff shortages, necessary computer support, outreach, etc.

By the end of the Fiscal Year 1975, however, over 182,000 households (618,800 persons) were issued authorizations to purchase food stamps and over 83,000 were non-public assistance households. The following table will show the growth in caseload for the period January 1, 1975 to June 30, 1975.

Expenditures, except for Administration, are 100 percent borne by the Department of Agriculture and can be described as the difference between what the eligible household has to pay for the stamps and the actual face value of the stamps. This difference is described as the bonus value of the stamps and as reported on the following table is about \$12,000,000 per month or \$150 million for a full fiscal year. In Fiscal Year 1975 the bonus value was increasing as the eligible households increased and by the end of the year over \$110 million had been gained by the clients as benefits.

Food Stamp Program
Households by Type and Bonus Value of Stamps Issued
January 1975 - June 1975

Month	Caseload			
1975	<u>Public Assistance</u>	<u>Non-Public Assistance</u>	<u>Total</u>	<u>Bonus Issuance</u>
Jan.	92,271	59,315	151,586	\$ 9,097,761
Feb.	95,689	64,213	159,902	9,600,907
Mar.	102,240	71,145	173,385	10,449,475
Apr.	103,598	73,242	176,840	10,929,770
May	106,727	77,154	183,881	11,057,482
June	107,111	77,795	184,906	11,090,666

Source: Food Stamp Weekly Status Report - Data as of last full week in the month reported.

Sources of Data

Monthly Summary Expenditure Report: A computer printout giving the expenditures by program for direct payments, including the quarterly grant. This report also gives the unduplicated count of cases and recipients. All data broken down by region and local welfare service office, in this summary for 1975, are from this report.

Status of Appropriation Account: Financial report of the Department on a monthly basis giving expenditures, encumbrances and balances in the Appropriation Accounts.

Consumer Price Index: Series published by the U.S. Department of Labor, Bureau of Labor Statistics, Quarterly, for Boston, showing changes in price levels for goods and services purchased by a defined family.

RS-1 Series: A series of reports, manually produced and processed, from data submitted by the local offices prior to April 1972. Mostly Caseload and Expenditure data.

Public Assistance Statistics: Report A-2, May 1970 and 1975, published by the Department of Health, Education and Welfare, National Center for Social Statistics.

Medical Vendor Payments System Reports: A report, in existence since October 1973, giving the medical vendor payments, by month, by program, by vendor, for each Welfare Service Office, Regional Office and State and including most, but not all, medical vendor payments. (RSVP-07).

Revenue by Fiscal Year: Actual and Estimated Revenue of the Department described on an unnumbered form prepared by the Finance Division of the Welfare Department.

Administrative Unit Data: Information regarding the workload of individual units is reported on reports to Management and other State Departments.

Raymond Trial Balance Book, Fiscal Year 1975: Trial Balance Account Book gives expenditures and accounts payable by object code for Child Welfare Statistics (Expenditures) and must be reconciled to the Status of Appropriation Accounts.

CASELOAD AND EXPENDITURES

Total Expenditures - Fiscal Year 1975

In the Fiscal Year 1975, total expenditures by the Massachusetts Department of Public Welfare were \$1,314,040,728. After adjustments were made for encumbrances, (1975 appropriated funds not paid in the 1975 Fiscal Year) and accounts payable, (1974 appropriated funds paid in the 1975 Fiscal Year) total expenditures were \$1,264,650,341. This grand total figure can somewhat arbitrarily be broken down into four major segments as follows:

Income Maintenance - Public Assistance	\$591,770,446
Medical Services and Care	543,005,049
Administration, including Food Stamps	71,105,134
Social Services	58,769,712
Total	1,264,650,341

The various sections that follow in this report will treat each of these major segments in turn. Compared to the last Fiscal Year, the adjusted dollar amount was up 18.1 percent and 194.2 million dollars. A large portion of this increase was due to payments for prior years claims. In fact over \$23 million in prior years bills were paid from 1975 special appropriations and another \$94 million in accounts payable from the previous year. Many factors should be considered in appraising the increase in percentage and dollar terms. Before considering the reasons for the increase we should consider at least two of these factors: the effect of Federal reimbursement on total cost to the Massachusetts taxpayer and the effect of price increases.

Revenue for Fiscal Year 1975

In Fiscal Year 1975 the Massachusetts Welfare Department received just under half a billion dollars from various sources other than the state treasury which is usually described as Revenue with the remainder usually described as the State Share.

By far the largest percentage of the total revenue was from the federal government, under the matching funds formula, but over a million dollars was received from agencies under the Donated Funds program, just under 1.5 million dollars in the discharge of assignments and almost a million dollars for the care and maintenance of children as a grant in aid.

The Federal government, under the matching formula, reimburses the state for 50 percent of the medical expenditures (except General Relief), 50 percent of most administrative expenditures and 50 percent of the expenditures under the Aid to Families with Children program. Most social services (except a large part of the child welfare expenditures) are matched at 75 percent. There is no federal matching for expenditures under the General Relief program or the two Supplemental Security Income programs. The expenditures by the Commonwealth for the two SSI programs are made after the federal government has distributed its share to the clients.

The following table describes the total expenditures for public welfare in millions of dollars for various programs, with administration and social services excluded. The revenue for these programs (except for administration) is also described and the remainder or the state share. Because of time differences between expenditures and the receipt of matching funds and other accounting adjustments, the state share is estimated. In 1975, revenue accounted for from between 35 and 37 percent of the total expenditures for the medical and assistance payments programs. (Administration and Social Services not included).

The state share of administration and social service expenditures was about 35 million dollars out of a total expenditure of \$114 million or 30 percent with revenue about 80 million dollars. In other words revenue accounted for about 70 percent of the social service and administration expense and revenue accounted for about 40 percent of the total expenditures by the Department or \$494.7 million out of a total expenditure of \$1,264.7 million.

The second table describes the changes in revenue from year to year. Because of changes in accounting methods and the definition of terms the table shows, at best, a comparison in general terms.

Total revenue increased 11 percent from 1974 to 1975 (fiscal years) or just under 50 million dollars. Revenue for assistance payments programs fell slightly, even with administrative expenses included and a large increase in the AFDC program, because in fiscal year 1974 the Commonwealth received federal matching for the two SSI programs for half of the fiscal year. Federal takeover of the programs of Old Age Assistance and Disability Assistance did not begin until January 1, 1974, and at that time the state stopped receiving matching for payments to the aged and disabled.

Medical Assistance matching, including administration, increased 7.1 percent as the total expenditures increased from year to year, but the real large increase was in the matching of expenditures for social services. This increase was to some degree due to the increase in the Donated Funds program and also because in fiscal year 1974 adjustments in revenue were being made for previous years and the revenue was therefore lower than it would normally be, in amount.

Other miscellaneous revenue increased significantly due to the discharge of assignments and other legal actions.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Estimated Expenditures, Revenue and State Share
By Program, Fiscal Year 1975

<u>Programs</u>	<u>Expenditures</u> <u>1975</u> <u>(L1)</u>	<u>Revenue</u> <u>1975</u> (In Million \$)	<u>Estimated</u> <u>State Share</u> <u>1975</u>
Medical Assistance	520.5	243.2 <u>(L2)</u>	277.3
Assistance Payments			
OAA-SSI	72.8	-	72.8
DA-SSI	39.2	-	39.2
AFDC	405.5	172.2	233.3
GR	<u>111.7</u>	<u>-</u>	<u>111.7</u>
Total All Programs <u>(L3)</u>	1149.7	415.4	734.3

(L1) Excludes Administration costs for the Programs ~~Below~~.

(L2) Includes Revenue from Federal Clearing Account, MA for Children, State Institutions, Regular M.A., MA for Aged.

(L3) Other Expenditures not included are for Social Services, Administration and Food Stamps, in total about 115 million dollars. Additional revenue not included amounts to 79.4 million dollars.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Revenue, Fiscal Years 1974 and 1975
and Year to Year Percent Change

<u>Program</u>	<u>Revenue</u> <u>1974</u> (000)	<u>Revenue</u> <u>1975</u>	<u>% Change</u>
Assistance Payments Programs	\$ 188,699	\$ 185,404	-1.7
Social Services Programs	10,963	49,269	+349.4
Medical Assistance Programs	239,573	256,588	+7.1
Food Stamps Programs	-	107	-
Administration of Programs	5,239	(Included) (Above)	-
Donations for Services	550	1,090	+98.2
Miscellaneous & Other Revenue	<u>579</u>	<u>2,328</u>	+302.1
Total-All Types of Programs	\$ 445,603	\$ 494,786	+11.0

Comparison - Total Payments, Consumer Price Index and Adjusted Payments

For comparability¹ with past years, the chart on the next page describes what payments for Medical Services and Assistance Payments would be after adjusting for the rise in the January Boston Consumer Price Index. With a base of 1967 (when the Consumer Price Index was 100) and payments for Medical Services and Public Assistance were \$259 million, we find that if prices did not rise, expenditures in Fiscal Year 1975 would be expected to be about \$723 million.

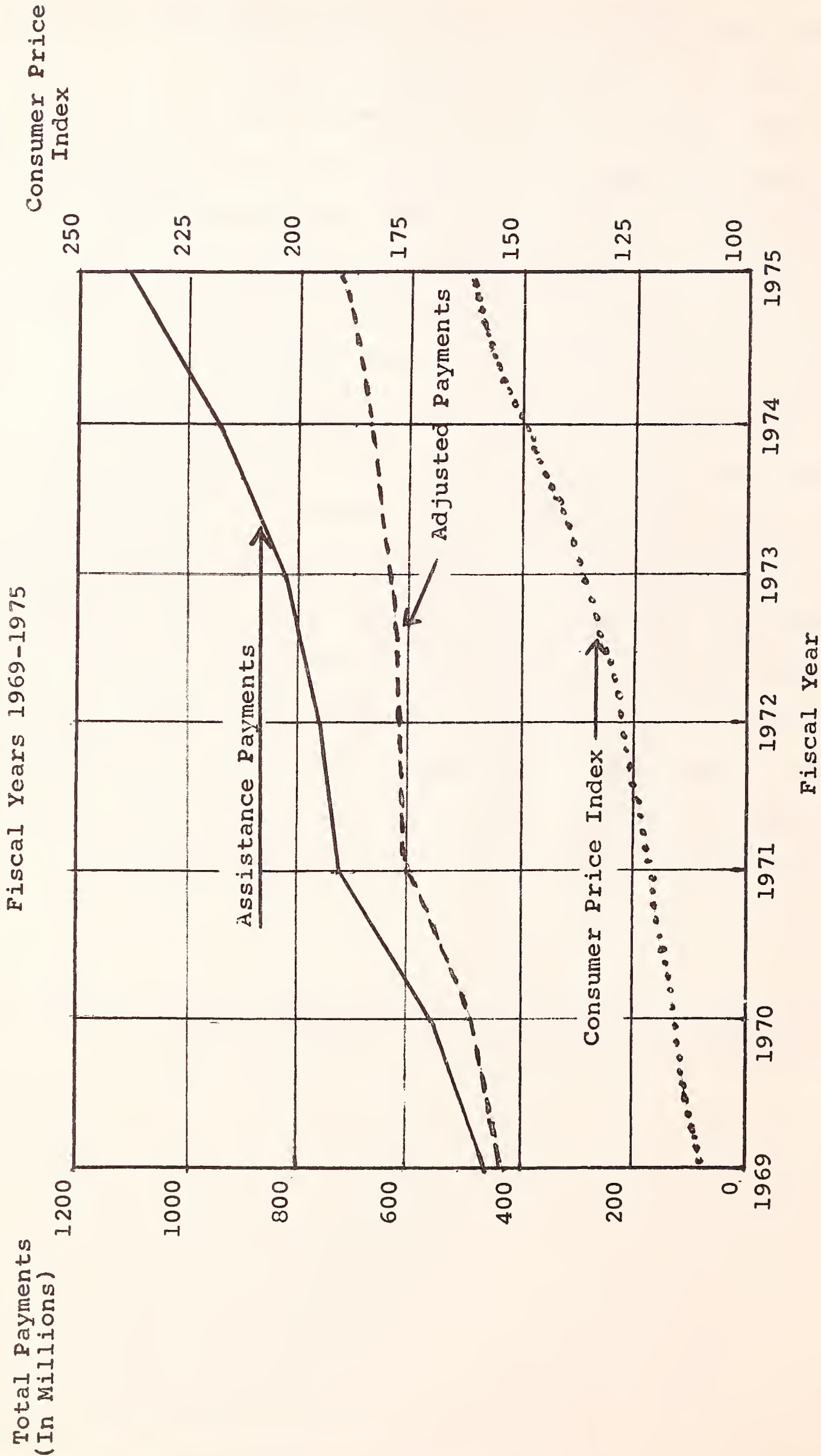
The expenditures each year have continued to increase at a rate higher than the Consumer Price Index, especially in the years 1969-1971. Since 1972 however total payments have increased at a rate only slightly higher than the rise in prices. After adjustment for prices, welfare costs have only increased 16.9 percent compared to a 25.3 percent increase in the Boston Consumer Price Index.

The rise in prices directly influences the cost of providing assistance and services in the higher fees paid to vendors for medical care and special needs in addition to creating pressure to raise assistance grants in the form of Cost of Living Increases.

1. Administration and Social Services Expenditures and Cuban Relief are excluded for comparability with prior periods.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Boston Consumer Price Index and Payments Adjusted for Price Changes



Source: Payment data from Status of Appropriations Reports - RSI adjusted
Price Index - U.S. Dept. of Labor, Bureau of Labor Statistics

TOTAL PAYMENTS BY PROGRAM - Fiscal Year 1970-1975

(In Million Dollars)

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>
All Programs ^{1/}	\$564.0	\$724.2	\$772.0	\$825.6	\$966.9	\$1,131.3
Old Age Assistance (SSI)	77.0	85.3	91.3	71.5	61.0	72.8
Medical Assistance	252.9	304.8	348.5	371.0	459.7	502.1
Aid to Families with Dependent Children	172.8	245.1	239.8	286.2	323.4	405.5
Disability Assistance (SSI)	25.2	32.4	37.1	45.0	40.8	39.2
General Relief	36.1	56.6	55.3	51.9	82.0	111.7

^{1/} Excludes Cuban Relief and Medical Assistance Under Care and Maintenance

PAYMENTS BY PROGRAM - Fiscal Year 1970-1975

From the table above and the chart on the next page, it can be observed that expenditures for all the major programs except Disability Assistance, experienced an increase in Fiscal Year 1975. This continues a trend that began, with few exceptions, after World War II and was particularly apparent in the past several years.

Medical Assistance expenditures, which do not include medical services out of the Child Welfare Appropriation (approximately \$2.5 million), continued an uninterrupted climb as did expenditures for the Aid to Families with Dependent Children program (with one exception, Fiscal Year 1972).

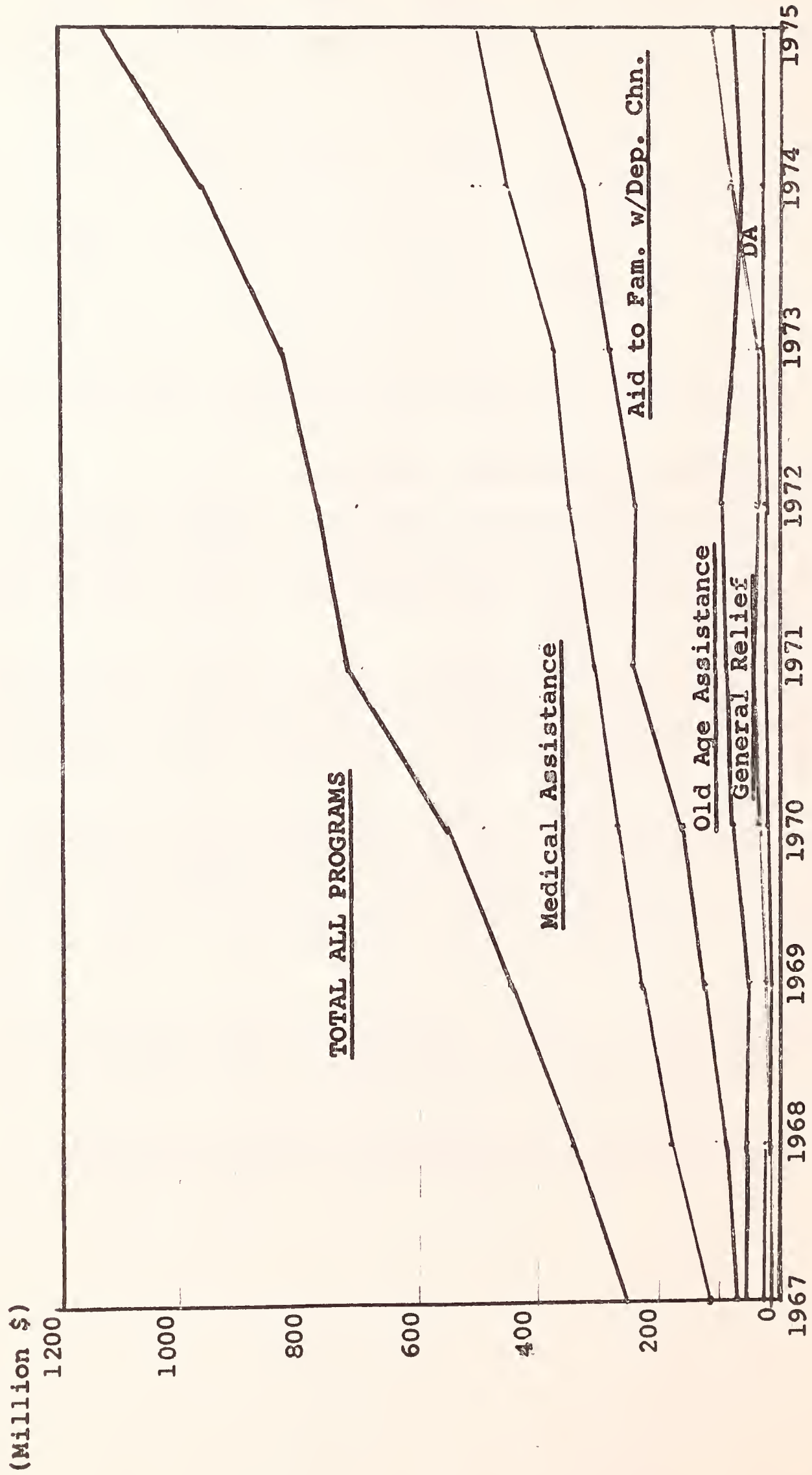
Expenditures for General Relief, a large portion of which is for medical services, increased again in 1975 after falling in Fiscal Years 1972 and 1973. Payments for Aged Persons under the Supplemental Security Income Program (prior to January 1974 called Old Age Assistance), after declining in 1973 and 1974, increased in Fiscal Year 1975 to a level just above the 1973 level. However, payments were still lower than in three of the past six years.

The only program to show a decrease in payments from the past year was the Disabled portion of the SSI program; in past years called Disability Assistance. Payments under this program fell \$1.6 million from 1975.

Payments in total were about double those in 1970 with the highest increase in dollar terms in the Medical Assistance Program.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Expenditures by Program, Fiscal Years 1967-1975



Source: RSI Data (1967-1972), Status of Appropriations (1973-1975)

EXPENDITURE BY PROGRAM AND PERCENT CHANGE, Fiscal Year 1974-1975
(In Million Dollars)

	<u>FY 1975</u>	<u>FY 1974</u>	<u>Difference</u>	<u>Percent Change</u>
All Programs	\$1 132.6	\$968.4	+\$164.2	+ 17.0
Old Age Assistance	72.8	61.0	+ 11.8	+ 19.3
Medical Assistance	502.1	459.7	+ 42.4	+ 9.2
Aid to Families with Dependent Children	405.5	323.4	+ 82.1	+ 25.4
Disability Assistance	39.2	40.8	- 1.6	- 3.9
General Relief	111.7	82.0	+ 29.7	+ 36.2
Cuban Relief	1.3	1.5	- 0.2	- 13.3

Sources: Status of Appropriation Accounts June 1975 and 1974, adjusted for Accounts Payable and Encumbrances.

EXPENDITURES BY PROGRAM AND YEAR TO YEAR PERCENT CHANGE, Fiscal Years 1974-1975

Compared to Fiscal Year 1974, total public assistance expenditures in Fiscal Year 1975 increased 164.2 million dollars or 17.0 percent.^{1/} The table above shows that the largest increase in dollar terms was for the AFDC program, reflecting the large caseload increase from the year before and the significant increases in vendor payments and payments out of the Hardship Fund.

In percent terms, the largest year-to-year increase was for the General Relief Program where a large portion of the total payments is paid out to Vendors for medical services and includes prior years bills. All medical payments reflect increases in rates and fees, both current and prior years' bills.

Except for the Cuban Relief Program, the only other program having a decrease in total expenditures was the Disabled under the Federal Supplemental Security Income Program. Here, payments fell off about 4 percent while the caseload remained relatively stable. Expenditures for the Aged portion of the SSI program in contrast increased from Fiscal Year 1974 and were about 20 percent higher in Fiscal Year 1975. The caseload has been increasing at a relatively high rate and by June 1975 was about 25 percent higher than a year before.

Expenditures for Medical Assistance increased at a moderate rate of 9 percent when compared to past years and this increase was mostly due to the increased cost for a particular medical service rather than for more services.

^{1/} These data do not include Social Services or Administration.

**DISTRIBUTION OF MEDICAL AND PUBLIC ASSISTANCE PAYMENTS
BY PROGRAM BY REGION
FISCAL YEAR 1975
(in Dollars)**

<u>REGION</u>	<u>AFDC</u> (Estimated)	<u>GR</u> ^{1/}	<u>MEDICAL VENDOR</u> ^{2/}
Boston	\$115,149,368	\$44,680,564	\$129,037,355
Springfield	55,952,862	16,085,003	58,242,542
Worcester	38,112,819	5,808,473	49,706,997
Lawrence	47,032,841	10,723,335	66,778,087
Greater Boston	67,711,072	16,531,809	104,936,993
Brockton	39,734,641	8,154,203	52,217,451
New Bedford	41,761,919	9,718,023	41,171,452
All Regions	\$405,455,522	\$111,701,410	\$502,090,877

^{1/} Includes GR Medical Expenditure.

^{2/} Excludes Care and Maintenance Medical Payments.

Source: Distribution based on 12 months MSER for AFDC and GR and 12 months RVPS-07.

Distribution of Medical and Public Assistance Expenditures
by Program by Region, Fiscal Year 1975

The table above of estimated expenditures by region, by major program, was designed to show the relative importance of the various regions in the Commonwealth.

Expenditures in total were largest in the Boston Region, followed by Greater Boston, Springfield and Lawrence. Although Lawrence had the fourth largest AFDC and GR payments, the region was third in medical payments. Whereas the Lawrence Region had only 9.6% of the GR payments and 11.6% of the AFDC expenditures, the region had 13.3 percent of all the expenditures for medical care.

As a percent of total expenditures the regions varied widely on a program basis. The Boston Region accounted for 40 percent of the GR expenditure but only 28.4 percent of the AFDC expenditure and just over a quarter of the medical expenditure. Whereas assistance payments for AFDC and GR were lowest in the Worcester Region, medical payments (vendor) under Title XIX were sixth in size with the New Bedford Region having the lowest.

Distribution of Medical and Public Assistance Expenditures
by Program by Region, Fiscal Year 1975 (cont.)

Compared to last year some significant changes have been made in the distribution. The percentage of total payments accounted for by the Boston Region has dropped significantly. In Fiscal Year 1974 the Boston Region accounted for an estimated 30.2% of the AFDC payments and 47% of the General Relief Payments. In Fiscal Year 1975 the percentages had dropped to 28.4 and 40.0 percent respectively. Whereas Springfield had the second highest GR expenditures in 1974, in Fiscal Year 1975 they were third highest.

Although the relative positions of the various regions have remained almost stable, since last year it is evident that the increases in caseload in the assistance programs are more equally distributed throughout the state with the regions other than Boston having an increasing percent of the total. However, in regard to medical payments, there seems to be a shift in percentage terms to the Boston and Greater Boston Region.

AVERAGE MONTHLY CASELOADS AND YEAR TO YEAR PERCENT CHANGE

Fiscal Year 1974 and 1975

<u>Program</u>	<u>Fiscal Year 1974</u>	<u>Fiscal Year 1975</u>	<u>Difference</u>	<u>Percent Change</u>
Aged (SSI) ^{1/}	58 081	77 093	19 012	+ 32.7
Aid to Families with Dependent Children	91 738	106 124	14 386	+ 15.7
Disab led (SSI) ^{1/}	29 654	38 979	9 325	+ 31.4
General Relief ^{2/}	26 860	40 025	13 165	+ 49.0
Medical Assistance Only ^{3/}	63 016	74 512	11 496	+ 18.2
Aged	41 366	41 479	113	+ 0.3
AFDC Related	4 238	6 620	2 382	+ 50.2
Disabled	7 028	7 398	370	+ 5.3
Child under 21	10 384	19 015	8 631	+ 83.1
TOTAL ALL PROGRAMS	269 349	336 733	67 384	+ 25.0

^{1/} The Supplemental Security Income Program began January 1, 1974. Prior to that date, the Aged Program was called Old Age Assistance; the Disabled, Disability Assistance.

^{2/} Does not include GR Medical Assistance Only Cases

^{3/} Caseloads for two months of Fiscal Year 1975, July and August, were estimated.

Cuban Relief Cases and Non-Public Assistance Food Stamps Cases are not included.

Source: Monthly Summary Expenditure Report, January 1975 Estimated, and data provided by the Social Security Administration

Average Monthly Caseloads by Program, F.Y. 1974 and F.Y. 1975

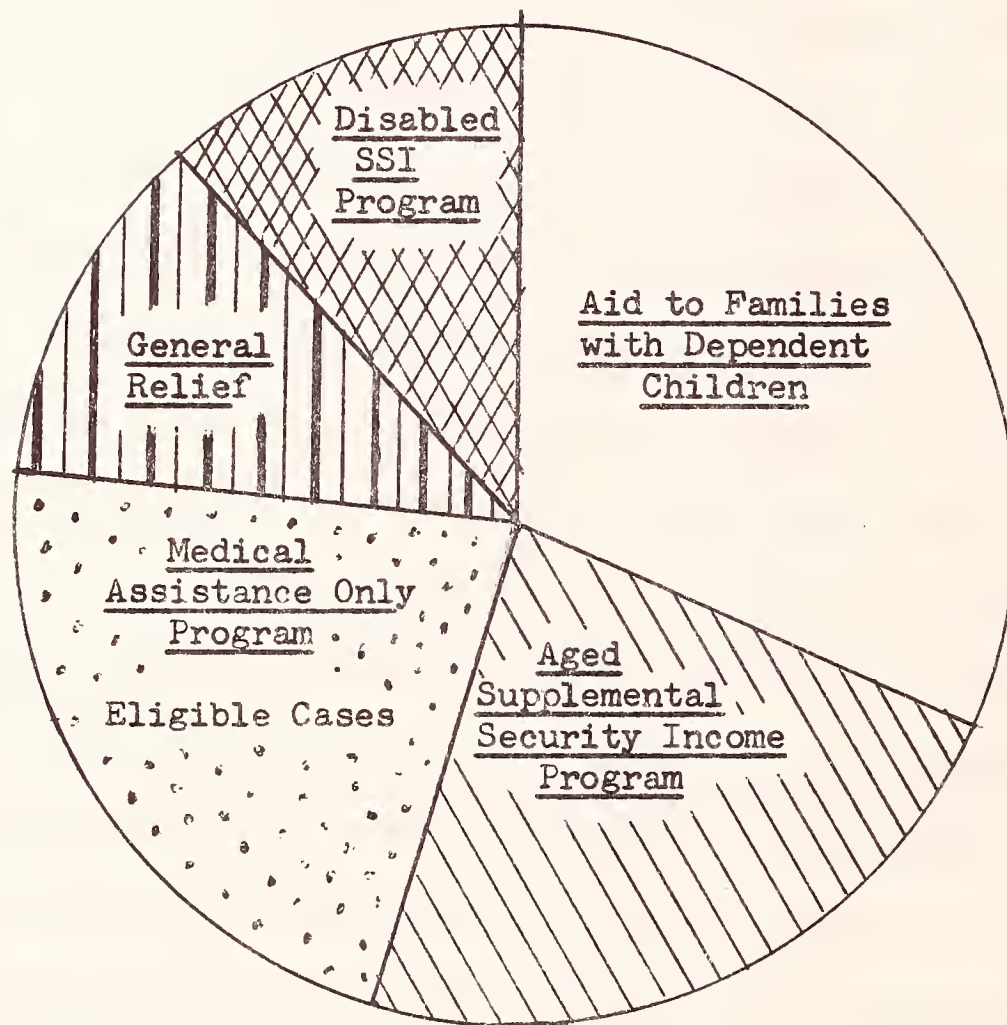
The total monthly average caseload increased over 67,000 cases and 25% from 1974 to 1975. In percentage terms, the greatest increase was for the Medical Only Children Under 21 program (up 83%) and in absolute terms, the Aged-SSI caseload (up 19,012 cases).

Both the Aged-SSI and the Disabled SSI caseload increased about one-third but every program showed some increase. Only small increases were reported for the Aged and Disabled Medical Assistance Only caseloads. The General Relief caseload almost doubled increasing by over 13,000 cases while the AFDC caseload, although up only 15.7 percent, increased by 14,386 cases, with each case having about 3.2 people aided.

The caseload on the table and described above can be defined as the average number of cases in the month who actually received assistance (emergency, supplementary or regular grant) or the number who were eligible to receive medical assistance in the case of the MA Only caseload. The January, 1975 caseload had to be estimated for AFDC; in that month, the payment procedures were changed. The first two months of Fiscal Year 1974 MA Only caseload also had to be estimated.

In the total caseload, the Cuban Relief program is not included (in 1974, the caseload was 397; in Fiscal Year 1975; 278)

DISTRIBUTION OF PUBLIC WELFARE
CASELOAD BY PROGRAM
FISCAL YEAR 1975



TOTAL AVERAGE MONTHLY CASELOAD

336 733 ^{1/}

^{1/} Cuban Relief, Food Stamps and Case and Maintenance (DFCS) caseloads as well as non-public assistance Social Service cases omitted.

Source: Monthly Summary Expenditure Reports and Social Security Administration offices

Distribution of the Public Welfare Caseload by Program, FY 1975

The chart preceding this section shows at a glance that the largest proportion of the total caseload was under the Aid to Families with Dependent Children program. If the chart was based on recipients, or number of persons receiving assistance, then the section allotted to AFDC would be even greater as the average AFDC case includes about 3.2 persons.

The next largest caseload was the Aged Supplemental Security Income program caseload or aged cases aided by the state through the Federal Social Security Administration System. In 1974 the second largest caseload was the Medical Assistance Only program; in F.Y. 1975 it was the third largest. The Medical Assistance Only caseload is the number of cases found eligible to receive medical assistance only and they do not receive direct payments for maintenance needs. Although under the Aged and Disabled segments of the caseload a case is one person, the cases described as related to AFDC and Children Under 21 years old include more than one person, usually.

The fourth largest segment in Fiscal Year 1975 was the General Relief program which was the fifth largest the year before. Large increases in the GR caseload more than offset the moderate increase in the Disabled-SSI caseload. All the cases in all the segments are eligible to receive comprehensive medical care (except parents in the Children Under 21 program) most of which is matched 50 percent by the Federal government. (GR adults medical expenditures are not matched.)

Certain caseloads have been omitted from the chart to make it more simple and clear. The Cuban Relief program and children under the Family and Children's Service Division, (foster children mostly), have relatively small caseloads.

The Food Stamp Program overlaps the public assistance caseload as do the number of cases eligible for and receiving social services.

CASELOAD BY PROGRAM BY REGION
JUNE 1975

<u>REGION</u>	<u>AFDC</u>	<u>GR</u>	<u>MA-AGED</u>	<u>MA-AFDC</u>	<u>MA-DA</u>	<u>UNDER 21</u>
Boston	28,590	16,346	6,166	1,055	1,267	3,404
Springfield	16,262	6,906	4,805	1,158	963	4,331
Worcester	11,545	2,826	4,832	765	1,009	3,410
Lawrence	13,561	4,780	6,490	1,259	1,074	4,014
Greater Boston	18,407	6,885	9,785	1,555	1,851	4,356
Brockton	11,633	3,637	5,374	888	842	2,865
New Bedford	12,304	4,410	3,922	1,132	657	3,441
 All Regions	 112,302	 45,790	 41,374	 7,812	 7,663	 25,821

Source: June 1975 Monthly Summary Expenditure Report

Caseload by Program by Region, June 1975

The table above shows a regional breakdown of the caseload by program for one month in Fiscal Year 1975. It is designed to show the relative size of the various regions and how the characteristics of the total caseload differ from region to region.

Compared to a year earlier significant differences can be discerned in the distribution of the caseload by Regional offices. There appears to be a shift away from the Boston Area to the remainder of the state. Although the AFDC caseload increased in every region the percent accounted for by Boston and Greater Boston declined from 45.1% to 41.9% in June 1975.

The greatest increase in percentage points was experienced in the Worcester Region which in June 1975 accounted for 10.3 percent of the AFDC caseload. A year before the Worcester Region accounted for only 9.2 percent of the total AFDC caseload.

Similar but more sizable changes took place in the General Relief caseload. The Boston Region which accounted for 46.2 percent of the total caseload in June 1974 only accounted for 35.7 percent in June 1975. The GR caseload in the Worcester Region increased in the same time period from 3.5 percent of the total to 6.2 percent. In the Lawrence Region the percent increased from 7.5 to 10.4 percent. Other increases were less dramatic but every region showed an increase in the size of their caseload.

Caseload by Program by Region, June 1975 (cont.)

The number of cases with children under 21 years of age eligible for medical care (the MA-Under 21 segment) not only increased in every region but more than doubled in the Worcester, Lawrence, Brockton and New Bedford regions over the one year period. Once again it appears that the caseload is dispersed more evenly over the whole state.

The AFDC related program for cases eligible for only medical assistance almost doubled in the Lawrence Region while increasing in every region of the state. The ranking by caseload size changed slightly as the Lawrence Region went from the fifth highest caseload to the second highest and New Bedford Region from second highest to fourth.

The total caseload for Disabled cases eligible for medical assistance only increased slightly from June to June while regional percentage shifted. The caseload increased in Boston, Brockton and Greater Boston while remaining about the same or falling in the other regions. For the Aged Medical Assistance Only cases, while the total caseload fell slightly, the caseloads in Boston, Greater Boston and New Bedford increased. These two programs displayed trends resulting in a concentration of cases in the Boston Area in contrast to the programs having direct payments; AFDC and GR, and medical programs for families with children, AFDC related and children under 21 years of age.

The net effect is the increase in the relative importance of the regions outside the Boston area while at the same time all the regions were found to have significant increases in total caseload size.

MEDICAL ASSISTANCE

Total and Percent Distribution of Medical Expenditures by Type of Vendor

Fiscal Year 1975

The Medical Assistance program covers the medical needs of both the clients who are aided financially with direct payments (Aged-SSI, Disabled-SSI, AFDC and GR) and those clients who have unmet medical needs only (Medical Only Aged, Medical Only Disabled, AFDC Related and Medically Indigent Children Under 21 Years of Age). The following pages will describe the types of medical care needed and provided and their relationships to one another and the whole, over time.

The first table "Medical Expenditures by Type of Vendor" describes to what types of vendor the funds for medical care and services are distributed. The total funds are divided into two parts; payments made under Title XIX and payments under General Relief. The first set of payments is matched by the Federal Government on a 50-50 matching basis; the second set, funds paid under General Relief is not matched. This table shows total payments before any matching has taken place.

Total Medical Payments for both Title XIX and General Relief reached \$543 million in Fiscal Year 1975 after adjustments for accounts payable and encumbrances were made.^{1/} Of this total, by far the largest portion was spent for hospital care under both Title XIX and GR. In percentage terms hospital care for both acute and chronic hospitalization accounted for 38.7 percent of the total or \$216,604,000; 36.5 percent of the Title XIX expenditures and 68.9 percent of the GR expenditures for medical care.

Long term care; Skilled Nursing Homes, Other Medical Institutions and Mental Hospitals accounted for another 36 percent of the total, although the percent of General Relief medical expenditures for long-term

^{1/} An additional \$16 million plus was expended for Public Welfare cases by the Department of Mental Health.

care was extremely small as the clients are usually temporarily disabled rather than permanently disabled and able to meet the eligibility requirements for Disability Assistance. Together, institutional medical care accounts for about three-fourths of all payments and over 419 million dollars. This percentage is down slightly from Fiscal Year 1974 when 75.2 percent of total medical expenditure was for institutional care.

Compared to last year, some changes in the percentage accounted for by certain types of vendors under Title XIX can be noted. Whereas in 1974, 7.4 percent of the total expenditure for medical care under Title XIX was for physicians, in fiscal year 1975, it was 6.1 percent. In actual terms, the amount in dollars was down \$4 million from the year before. In Fiscal Year 1975, the relative importance of clinics and outpatient departments increased as over 5 percent of the total expenditure compared to 3 percent in Fiscal Year 1974 was expended for this type of care. In dollar terms the increase was from \$14 million to \$26 million. The percentage for mental health care increased slightly from year to year and because of redefinition, the percentage for Nursing Home care changed with Skilled Nursing Home care expenditures falling from 26.7% to 21.1% while the percent for other long-term care (excluding Chronic Hospital Care) increased from 10.6 percent to 14.1 percent.

Estimated Medical Expenditures, Total and Percent Distribution
by Type of Vendor

Title XIX and General Relief

Fiscal Year 1975

	<u>Title XIX</u>		<u>General Relief</u>	
	<u>Expenditures</u>	<u>Percent of Total</u>	<u>Expenditures</u>	<u>Percent of Total</u>
	(\$ Thousand)		(\$ Thousand)	
General Hospitals	\$189,970 ^{a/}	36.5	\$26,634	68.9
Skilled Nursing Homes	110,000	21.1	464	1.2
Other Medical Inst.	73,501	14.1	232	0.6
Physicians	31,698 ^{b/}	6.1	3,286	8.5
Drugs	28,501	5.5	1,546	4.0
Dental Care	24,500	4.7	1,585	4.1
Outpatient Depts.	18,499	3.6	2,590	6.7
Mental Hospitals	17,736	3.4	-	-
Clinic Services	7,502	1.4	1,044	2.7
Other Medical Pract.	7,001	1.3	657	1.7
Home Health	4,001	0.8	115	0.3
Laboratory and Radiological Services	1,000	.2	39	0.1
Family Planning	1,000	.2	38	0.1
Other Medical Services	5,602 ^{c/}	1.1	425	1.1
Total, All Vendors	520,511	100.0	38,655	100.0

a/ Includes \$1,466,821 in Care and Maintenance expenditures for hospitals.

b/ Includes \$696,671 in Care and Maintenance expenditures for professional medical services.

c/ Includes \$96,272 in Care and Maintenance supplies.

Source: Distribution based on Vendor Payment Printout with adjustments on Form NCSS-SRS-120, Applied to expenditure data from Status of Appropriations Report.

TOTAL MEDICAL PAYMENTS, FISCAL YEAR 1975

	<u>Expenditure of Funds Appropriated</u>	<u>Less Encumbrances</u>	<u>Plus Accounts Payable F.Y. 1974</u>	<u>Payments</u>
Direct MA	\$488,995,762	\$78,678,731	\$55,003,705	\$465,320,736
Prior Years	37,989,575	20,828,644	18,034,250	35,195,181
Mental Health ^{1/}	40,785	-	1,534,175	1,574,960
General Relief	31,447,818	-	7,207,595	38,655,413
Care & Maintenance	1,443,769	-	814,990	2,258,759
TOTAL	\$559,917,709	\$99,507,375	\$82,594,715	\$543,005,049

Medical Payments, Fiscal Year 1975

In the table above the medical expenditures under General Relief and Care and Maintenance of Children in the care of the Commonwealth are estimated because the portion of the total appropriation reserved for medical care has not been separated from the total funds allotted. Because of the lag between the time when the medical service was performed and the time payment is made it will always be necessary to have some encumbered funds and indeed some accounts payable from the preceding year. The last column then is the best estimate of actual medical expenditures in Fiscal Year 1975 by appropriation account.

Compared to last year total medical payments were up 11.8 percent or 57.3 million dollars, due mostly to an increase in caseload and higher rates and cost for any particular medical service, such as one day's hospital care or one physician's visit.^{a/} The increase in dollar terms was only half of what it was the year before when expenditures for medical care increased, just under 100 million dollars.

^{1/} An additional \$16,161,453 was expended for Aged Public Welfare cases in mental hospitals by direct appropriation to the Department of Mental Health.

^{a/} Including the 16 million dollar mental health expenditure the increase over 1974 fiscal year was 15.1 percent and 73.4 million dollars.

Payments for Inpatient mental health care have increased significantly from last year, payments for child welfare are almost double and medical care payments for General Relief adults are up 56.3 percent. Direct medical payments, which now include payments to Tewksbury Hospital, have increased only about 4 percent from last year.

The increase in total medical payments is not the result of a delay in payments because accounts payable in both years were about \$82 million and encumbered funds in 1975 are only 17 million dollars above what they were the year before.

**Estimated Recipients of Medical Services
and Average Payment Per Recipient Per Month by Program
Fiscal Year 1975**

<u>Program</u> ^{2.}	<u>Recipients</u>		<u>Average Payment</u>	
	<u>Cases</u>	<u>Individuals</u>	<u>Per Case</u>	<u>Per Individual</u>
Aged SSI	40 543	40 712	\$ 87.72	\$ 87.36
Disabled SSI	22 435	22 958	223.80	218.70
AFDC	78 688	178 438	138.25	60.97
GR	18 914	21 019	170.31	153.25
Medical Only				
Aged	34 790	34 810	487.08	486.80
Disabled	5 939	5 971	493.15	490.51
AFDC Rel.	4 658	11 190	179.66	74.78
Child. Under 21	9 588	19 923	174.56	84.00

1. Caseload and individual caseload counts for January, 1975.
2. Foster Care Children, Cuban Relief and Emergency Assistance not included.

Estimated Recipients of Medical Services

The table above describes the estimated number of cases and recipients who actually received at least one medical service in the month. In other words an unduplicated count of cases and persons for whom a medical payment was made in the month. The counts are based on January, 1975 data - the last month which could be described as normal without the complexities experienced in latter months due to variations in payments due to funding.

As would be expected the average payment for all categories is higher than the average payment per eligible recipient as many cases eligible for medical care do not receive care every month and in fact some do not receive any medical services at all.

The highest average payment per recipient is for the Medical Only Disabled Case, which by definition needs medical care, often of the expensive institutional type and without the benefits of medicare and other Federal Programs in many cases. Next highest average is for the Aged Cases, also institutionalized in most cases in hospitals and nursing homes but eligible for medicare. However, many of these cases have exhausted medicare benefits or are in nursing homes on a basis not acceptable to the Social Security Administration - for example receiving terminal care.

Average payments for Supplemental Security Income cases both Aged and Disabled are relatively low due in part to the need for less expensive medical care and the care received under medicare. The reason the Disabled - SSI cases have a higher average payment is because the Aged are all eligible for medicare - the disabled are not all eligible.

For the cases involving children, AFDC, AFDC Related and Children Under 21, there is a great difference between the average payment per case and per recipient as usually only some members of the family require medical services in a given month.

Average Medical Payment per Month per Case
by Category of Assistance, Fiscal Year 1975

The following table reports the estimated medical payments for the fiscal year 1975 by program (category of assistance). The payments for aged Medical Assistance Only cases account for the largest portion of the total (37.4 percent) followed by the AFDC cases (24.0 percent). The Disabled-SSI caseload accounts for the third largest portion or 11.1 percent of the total.

The cases receiving a direct payment accounted for 274,387 million dollars or 50.5 percent of the total and Medical Only cases the remainder or 268,618 million dollars and 49.5 percent of the total.

The average monthly caseload is actually a count of the cases eligible to receive medical assistance (many, especially AFDC children are eligible but do not incur any medical expenses). The size of each case varies by program. For the Aged and Disabled a case is a person (with few exceptions) whereas the average AFDC, AFDC Related or Children Under 21 case is composed of from 3 to 4 persons. The average payment per case therefore reflects this difference.

The average payment per case is highest for the Aged Medical Assistance Only cases followed by the Medical Only Disabled cases. The average payment per case under the AFDC program was \$102.51 but this covered about 3.2 persons. The lowest average payment per case was for the children under the Care and Maintenance Account where one person is considered a case.

The average payment for a Disabled-SSI case was \$128.81 or \$88.31 above the average payment for an Aged-SSI case. This is perhaps due to the fact that by definition a disabled case, to become eligible, has to submit proof of physical or mental disability whereas the aged case has only to meet the age and financial need requirements.

A table and explanation was given on pages 24 and 25 describing the average payment, by program, for actual recipients of medical services and this was on an individual and case basis.

In summary this table shows what the potential medical expenditure will be for each additional case which becomes eligible to receive medical care under Medicaid. From this standpoint an Aged MA Only case (of one person) will incur a medical expenditure four times as high as an AFDC case as will a Disabled Medical Only case. The added AFDC Related case, which receives no direct financial aid, will require a higher medical expenditure because this type of case would not apply unless there was a medical need and this reasoning applies to the cases with medically indigent children under 21 years of age.

Average Medical Payment per Month per Case
by Category of Assistance
Fiscal Year 1975

<u>Category of Assistance</u>	<u>Total Payments</u>	<u>Average Monthly Caseload</u>	<u>Average Payment</u> (per month per case)
Aged			
Supp. Sec. Income	\$ 42,678	77,093	\$ 46.13
Medical Asst. Only	203,346	41,479	408.53
Disabled			
Supp. Sec. Income	60,251	38,979	128.81
Medical Only	35,146	7,398	395.90
Family Programs			
AFDC	130,543	106,124	102.51
AFDC Related	10,042	6,620	126.41
Children Under 21	20,084	19,015	88.02
General Relief Adults	38,655	40,025	80.48
Care and Maintenance	2,260	10,000 (est.)	18.83
Total All Categories	543,005	346,733	130.51

Based on the Distribution of Payments in January 1975 and September 1975.

Utilization Rates of Medical Care Per Month By Program
Fiscal Year 1975

<u>Program</u>	<u>Average Monthly Eligible Caseload</u>	<u>Recipient Caseload (January 1975)</u>	<u>Percent of Eligible Cases Receiving Care</u>
Direct Payment Cases			
Aged SSI	77 093	40 543	52.6
Disabled SSI	38 979	22 435	57.6
AFDC	106 124	76 688	74.1
General Relief	40 025	18 914	47.3
Medical Only Cases			
Aged	41 479	34 790	83.9
Disabled	7 398	5 939	80.3
AFDC Related	6 620	4 652	70.4
Children Under 21	19 015	9 588	50.4

Utilization Rates of Medical Care By Program

There is a difference in utilization rates depending on whether or not the case received a direct payment for his maintenance needs. Cases that required medical services only would not have applied unless they had foreseen their needs whereas the cases receiving a direct payment are eligible for medical care whether or not they have foreseen the need for medical care in the future.

Leading States in Expenditures
for Medical Care
May 1975 and May 1970

<u>State</u>	<u>May 1975 Expenditures (000)</u>	<u>Rank</u>	<u>May 1970 Expenditures (000)</u>	<u>Rank</u>	<u>5 Year Percent Increase</u>
New York	\$285 559	1	\$107 216	1	166.3
California	148 234(e)	2	93 226	2	59.0
Illinois	70 218	3	19 276	5	264.3
Pennsylvania	61 385	4	29 564	3	107.6
Michigan	55 639	5	17 824	6	212.2
Texas	40 961	6	12 925	7	216.9
<u>Massachusetts</u>	38 122	7	22 863	4	66.7
New Jersey	37 711	8	10 417	10	262.0
Wisconsin	31 704	9	11 947	9	165.4
Ohio	29 292	10	12 851	8	127.9
Georgia	24 248	11	7 158	12	238.8
Minnesota	21 927	12	9 659	11	127.0
U.S. Total	1 174 600	—	471 787	—	

(e) estimate

Source: NCSS Report A-2 U.S. DHEW SRS Washington D.C. May 1970 and 1975.

Leading States in Expenditures for Medical Care

The table above describes the twelve leading states in expenditures for medical care in May 1975 by rank and amount compared to the relative position and amount in May 1970. The rank of Massachusetts fell from fourth to seventh place over the five year period. Only three other states fell in rank over the same period and the change was not more than two places; Ohio from eighth to tenth, Minnesota from eleventh to twelfth and Pennsylvania from third to fourth.

Income Maintenance - Public Assistance

The following section describes in detail the various direct payment programs including the data for fiscal year 1975, the comparison with data from fiscal year 1974, the average payments per month and per year and to some extent the reasons for the changes from year to year.

The most significant developments as far as the income maintenance program was concerned were the separation of social services from financial assistance and the depressed economic conditions in the Commonwealth which led to tremendous increases in caseload. Not only was it more difficult for the unemployed to secure employment with the result that they had to seek public assistance but it was more difficult for the public assistance cases to find employment so that they would no longer require public assistance.

Since January 1, 1974 or halfway through the 1974 fiscal year, the aged and disabled public assistance cases have been under the Supplemental Security Income Program. This is a program administered by the Federal Social Security Administration where the Federal Government gives a basic grant to the recipient with an additional amount paid for entirely by the state. It is still the responsibility of the Commonwealth to provide these cases with medical care and social services. Before January 1, 1974 these cases were under the Old Age Assistance and Disability Assistance Program.

OLD AGE ASSISTANCE - SSI

Comparison of the Average OAA Caseload and Payments, Fiscal Years 1974-1975

	<u>Fiscal Year</u>	<u>Fiscal Year</u>	
	<u>1975</u>	<u>1974</u>	<u>Percent Change</u>
Average monthly caseload	77,093	58,081	+ 32.7
Total Payments (In Million \$)	\$72.8	\$61.0	+ 19.3
Ave. Annual Payment Per Case	\$944.63	\$1,050.26	- 10.1
Ave. Monthly Payment Per Case	\$78.72	\$87.52	- 10.1

On January 1, 1974 the Old Age Assistance Program was incorporated into the Federal Supplemental Security Income Program under the Social Security Administration. The Commonwealth continues to assist the aged persons in the state by reimbursing the Federal Government, through the Social Security Administration, for a share of the total expenditure. The data given above for fiscal year 1974 is a combination of six months Old Age Assistance data and six months Federal SSI data.

The aged caseload continued to increase during the 1975 fiscal year so that the average monthly caseload was about 33 percent over the average for the preceding year. Some factors causing this increase were the acceptance of the program by the aged population, the effects of inflation and unemployment on the economy, especially on persons living on fixed incomes and the increased number of elderly citizens. Total payments increased due to the increasing caseload while the average payment declined as all 12 months of fiscal year 1975 the federal share was in effect rather than 6 months as in fiscal year 1974, for new cases added.

In the table which follows it can be seen that the caseload for aged direct payment clients has increased in every year but one since 1970. In 1975 fiscal year however the increase was phenomenal and places the aged caseload where it was in 1959, before the beginning of the Medical Assistance Only for the Aged.

Part of this increase is due to the number of aged persons in the general population and partly to the number of persons forced into retirement by the sluggish conditions of the economy. There is also a semi-automatic intake when the aged persons apply for regular social security.

Average Monthly OAA (Aged) Caseload, Fiscal Years, 1970-1975

<u>Fiscal Year</u>	<u>Average Monthly Caseload</u>	<u>Change from Prior Year</u>
1970	55,347	+ 9.6
1971	58,994	+ 6.6
1972	62,737	+ 6.3
1973	57,148	- 8.9
1974	58,081	+ 1.6
1975	77,093	+ 32.7

DISABILITY ASSISTANCE SSI

Comparison of Average DA Caseload and Payments FY 1974 and 1975

	<u>Fiscal Year</u>	<u>Fiscal Year</u>	
	<u>1975</u>	<u>1974</u>	<u>Percent Change</u>
Average Monthly Caseload	38,979	29,654	+ 31.4
Total Payments (In Million \$)	\$39.2	40.8	- 3.9
Ave. Annual Payment Per Case	\$1,005	\$1,376	- 27.0
Ave. Monthly Payment Per Case	\$83.71	\$114.67	- 27.0

On January 1, 1974 the DA caseload was absorbed by the Federal Supplemental Security Income Program administered by the Social Security Administration. Data above combines the two programs statistics. The State still assists Disabled persons by reimbursing the Federal Government for a portion of the payments made to DA cases in the state.

Even though the caseload for the Disabled increased 31.4 percent, the total expenditure for the state declined as did the average payment per month and per year. The increase in the caseload can be attributed to the automatic eligibility determination for persons applying for Social Security, the relaxed income eligibility requirements of the new program compared to the requirements in the first half of fiscal year 1974 and the effects of inflation and general economic depression in fiscal year 1975 which caused persons on fixed incomes to become eligible for direct payments under SSI.

Expenditures and payments reflect the increased portion of total direct payments, especially for new cases added, carried by the Social Security Administration whereas reimbursement to the federal by the Commonwealth was limited to a fixed percentage (50%).

The caseload for disabled persons has continued to increase over the past six years as seen in the table that follows. Although the rate of increase has been fluctuating, the 1975 increase is the largest experienced in the past six years.

Average Monthly DA Caseload, Fiscal Years 1970-1975

<u>Fiscal Year</u>	<u>Average Monthly Caseload</u>	<u>Percent Change from Prior Year</u>
1970	16,685	+ 8.4
1971	18,951	+ 13.6
1972	22,168	+ 17.0
1973	25,252	+ 13.9
1974	29,654	+ 17.4
1975	38,979	+ 31.4

The table above shows that the number of disabled persons being aided with direct payments is rising at an increasing rate over the past three years and the caseload in 1975 was the highest ever reached for the disabled persons in Massachusetts. In four years the caseload has more than doubled even though the criterion for eligibility in regard to medical condition (but not financial condition) is more difficult to achieve under federal administration.

AID TO FAMILIES WITH DEPENDENT CHILDREN

Comparison of Average AFDC Caseload and Payments, Fiscal Years 1974-1975

	<u>Fiscal Year</u> <u>1975</u>	<u>Fiscal Year</u> <u>1974</u>	<u>Percent Change</u>
Average Monthly Caseload*	106,124	91,738	+ 15.7
Recipients	346,793	310,855	+ 11.6
Total Payments (In Millions)	\$405.5	\$323.4	+ 25.4
Average Annual Payment Per Case	\$3,821	\$3,525	+ 8.4
Average Monthly Payment Per Case	\$318.38	\$293.75	+ 8.4
Average Monthly Payment Per Recipient	\$97.44	\$86.70	+ 12.4

*January estimated

The average monthly caseload for AFDC increased 15.7 percent from Fiscal Year 1974 to FY 1975 while total payments increased 25.4 percent. The caseload increase reflected the depressed economic conditions in the state, especially the difficulty in finding employment for the clients receiving welfare as well as those who were forced to apply for welfare because no job opportunities were available.

Inflation likewise caused families living on a fixed income to seek assistance. The expiration of unemployment benefits was another factor.

The increase in expenditures can be partially explained by the increase in caseload, the cost of living increases on other than the basic budget being in effect for a full year and the increase in hardship and vendor (non-medical) payments for the AFDC caseload.

Over the past five years the AFDC caseload has increased over 86.4 percent. The increase in 1975 (15.7%) was exceeded in both 1970 and 1971 when social and psychological forces rather than economic forces perhaps were more influential.

The average payment per case and per recipient increased slightly in 1975, about \$25 per case per month or an increase of 8.4 percent over the average payment in 1974. Over the same period the consumer price index rose from 149.7 in July 1974 to 163 in July 1975 for an 8.9 percent increase. No allowance was made for this increase in the cost of living in the recipients' basic budget however and the increase in average payment was due to other factors such as the decrease in resources and increase in expenditures for hardship and vendor payments.

Because the payment process under AFDC was changed from a semi-monthly to a daily basis in January, some difficulty in defining the January caseload was encountered. It was therefore necessary to estimate the January 1975 caseload count.

It appears from the recipient counts in 1974 and 1975 that the size of the average case on AFDC is getting smaller. In 1974 Fiscal Year the average case had 3.39 members, one adult and 2.4 children. In 1975 Fiscal Year the number of recipients fell to 3.27 or one adult and 2.3 children per case. This can be explained to some degree by the additional one-person families now receiving AFDC.

Another factor in the increase in caseload was the additional cases headed by an unemployed father. In July 1974 we had 2,182 cases headed by an unemployed father. By June 1975 this type case had increased to 3,769. Each month the unemployed father segment of the caseload increased over the preceding month until March when a peak of 3,907 was reached. Since then the U.F. caseload has slowly declined.

The average of 3,156 cases per month in 1975 was 40.2 percent higher than the average monthly caseload of 2,251 in Fiscal Year 1974.

Over the year, the AFDC monthly caseload increased from 97,118 in July 1974 to 113,106 in May 1975, increasing each month, especially in December 1974. In June 1975 the caseload declined for the first time since June 1973 to 112,302 cases.

The table below will give some indication of how the total caseload has increased over the past six years and how the rate of increase has varied from year to year.

Average Monthly AFDC Caseload, Fiscal Years 1970-1975

<u>Fiscal Year</u>	<u>Average Monthly Caseload</u>	<u>Increase Over Prior Year</u>
1970	56,932	+ 24.2%
1971	71,016	+ 24.7%
1972	79,618	+ 12.1%
1973	83,952	+ 5.4%
1974	91,738	+ 9.3%
1975	106,124	+ 15.7%

AID TO FAMILIES WITH DEPENDENT CHILDREN

Average Payment by Rank
United States Total and Selected States
May 1975

<u>State</u>	<u>Rank</u>		<u>Average Payment per Case</u>
	1975 (May)	1974 (April)	
New York	1	1	\$332.60
Hawaii	2	2	311.20
Illinois	3	5	280.07
Massachusetts	4	4	278.33
Iowa	5	*	277.72
New Jersey	6	8	271.55
Connecticut	7	*	267.95
Wisconsin	8	3	266.12
Michigan	9	10	260.85
Alaska	10	*	260.26
Pennsylvania	11	6	259.22
Vermont	12	7	251.97
National Average			211.28

* Not in top ten

Source: Public Assistance Statistics, May, 1975 Report A-2 NCSS DHEW
Massachusetts average adjusted for one-third of the March 1975
Quarterly Grant

As in Fiscal Year 1974, the average grant paid to an AFDC client in May in Massachusetts was fourth highest. The average payment, including non-medical vendor payments, was \$278.33 with \$32.62 of that amount being the Quarterly payment for one month, portion. The total grant therefore was 31.7 percent above the national average but 16.3 percent below the highest average payment of \$332.60 for New York.

GENERAL RELIEF

Comparison of Average GR Caseload and Payments, FY 1975 and 1974

	<u>Fiscal Year</u>	<u>Fiscal Year</u>	<u>Percent Change</u>
	<u>1975</u>	<u>1974</u>	
Average Monthly Caseload*	40,025	26,860	+ 49.0
Total Payments (In Millions)	\$111.7	\$82.0	+ 36.2
Average Annual Payment per case	\$2,791	\$3,053	- 8.6
Average Monthly Payment per case	\$232.56	\$254.41	- 8.6

* Vendor Medical Only cases not included

A 49 percent increase in the General Relief caseload reflects the depressed economic conditions in the Commonwealth during the 1975 fiscal year. Employment opportunities, especially for the young and educated were limited, and combined with the change in the law regarding the age of majority, resulted in many young and educated job seekers having to apply for assistance. The caseload also included the aged and disabled applicants for Supplemental Security Income who were awaiting eligibility determination and the disabled who could not meet the strict criteria of the SSI disability program also were assisted under General Relief whereas a few years ago they would have been aided under the Disability Assistance Program.

Total payments also increased due mostly to the increased caseload but also because total payments which include Medical Vendor payments, increased because of the higher rates and fees for medical care. Of the \$111.7 million expenditure for General Relief, \$38.7 million was for medical care. In 1974 of the \$82,000 total expenditure, about \$31.9 million was for medical expenditures. Therefore the percent of the total in 1975 for medical care was 34%; in 1973 the percent was 39%. Other vendor payments increased from about \$3.2 million to \$4.3 million. Medical payments for back bills were much higher in 1974 than in 1975

(about 7 million in 1975 but 15 million in 1974). The medical portion of General Relief payments only increased 21.9 percent while direct payments increased to 46.3%, about the same as the increase in caseload.

Average payments declined slightly as the size of the average case declined. More single person cases were added relative to the number of family cases and resources, especially Unemployment Insurance, increased.

The table below shows that even the 49% increase in caseload was exceeded in fiscal year 1971. The large increase precipitated extensive administrative review and policy changes which resulted in a declining caseload in fiscal year 1973. In 1974 the caseload again started to increase as economic conditions became worse and the increase carried into fiscal year 1975 to reach a high point in April 1975 with 48,556 cases receiving GR assistance. In May 1975 the caseload began to decline and has been getting smaller through October 1975.

Average Monthly Caseload and Percent Change from Prior Year

<u>Fiscal Year</u>	<u>Average Monthly Caseload</u>	<u>% Change from Prior Year</u>
1970*	19,722	+ 48.6
1971*	29,423	+ 49.2
1972*	32,006	+ 8.8
1973	22,681	- 29.1
1974	26,860	+ 18.4
1975	40,025	+ 49.0

* Included about 5,000 Medical Only cases.

In an average month in fiscal year 1975, with about 40,000 cases, the total recipient count was about 50,000 persons as about 3,000 cases with 9,000 dependents were included as family cases.

GENERAL RELIEF

Average Payment (Direct) per Case by Rank
The National Average and Selected States
May 1975

<u>STATE</u>	<u>Rank</u>		<u>Average Payment Per Case</u>
	<u>May</u>	<u>April</u>	
	<u>1975</u>	<u>1974</u>	
Hawaii	1	1	\$206.43
New York	2	3	205.78
Michigan	3	2	163.73
New Jersey	4	4	160.97
District of Columbia	5	5	153.79
Rhode Island	6	*	148.67
Illinois	7	*	148.38
Washington State	8	8	147.33
Pennsylvania	9	6	145.03
Minnesota	10	10	139.30
Kansas	11	*	128.94
Connecticut	12	9	124.60
<u>Massachusetts</u>	13	7	<u>122.36</u>
National Average (45 States)			142.98

* Not in top ten Ranking

Source: Public Assistance Statistics, May 1975, Report A-2, DHEW, NCSS

The table above shows the relative position of Massachusetts compared to all the other states having a higher average direct General Relief payment in May 1975. Ranked 13th compared to 7th in April 1974 the GR average direct payment is now 14.4 percent below the national average. (In 1974, April, the state's average payment was 8.3% above

the national average or \$10.22 higher). In May 1975 the average payment in Massachusetts was \$122.36, down over \$11.00 from the year before and down over \$20 from the national average. Of the ten states having the highest payments in April 1974 all but Massachusetts had a higher payment in May 1975.

SOCIAL SERVICES

Expenditures By Program, Fiscal Year 1975

Care and Maintenance of Children	\$30 156 385
Day Care (AFDC)	14 384 130
Services for the Aged and Disabled	6 792 140
Donated Funds Program	4 247 568
Public and AFDC Social Services	1 726 943
Tuition and Transportation of Children	1 652 482
Protective Services	850 681
Grove Hall Project	586 027
Work Incentive Program	472 766
Day Care Demonstration Project	159 349
Total - All Social Services	\$61 028 471

Source: Status of Appropriation Accounts, June, 1975.

Expenditures by Program, Fiscal Year 1975

The table above lists the various expenditures for Social Services as distinct from Income Maintenance and Medical Assistance expenditures, although the total includes \$2,258,759 in medical care payments for children under care of the Department. Some social service expenditures are classified under Administration as they relate to the administration and delivery of social services rather than the cost of the services themselves.

The Administration of the Donated Funds program in 1975 was \$339,983 and the administration of certain public social services was \$642,192. Other Administrative costs for the delivery of social services, especially the cost of administering the Care and Maintenance Program will be described in the next chapter.

By far the largest social service expenditure was for the Care and Maintenance of children under care of the Department of Public Welfare. This expenditure provide foster care and group care for children referred by the Courts and for children for whom application to the Department was made on a voluntary basis. Other children are in adoptive homes, with relatives or their parents, and receive care and supervision. Tuition and Transportation expenditures are also made for these children to the various cities and towns where they presently reside, to cover the cost of their education.

The next largest expenditure provides day care for children aided under the Aid to Families with Dependent Children program. In addition, day care was provided under the Day Care Demonstration Project and the Donated Funds program for a total cost of \$16,503,141.

Services for the Aged and Disabled at \$6,792,140 was the next largest program and includes expenditures for homemaker, housekeeper and chore services and the Transportation costs related to these services.

The Donated Funds program is designed to provide services described later in this chapter with 75% of the cost borne by the Federal Government and the remainder, or 25%, borne by private charitable agencies. In other words the Department acts as a funnel for federal funds that go into the provision of social services for citizens of the Commonwealth.

Other Public and AFDC Social Services include Family Counselling, Homemaker, chore and babysitting services and services to children aided under the AFDC program relative to emergency and regular foster care, retardation, alcohol and drug addiction, etc.

The Grove Hall Project is a specially funded demonstration project to determine and discover new social work techniques relative to the linking, integrating and strengthening of social services in a neighborhood social service center.

The Work Incentive Program is designed to aid in the transfer of welfare recipients from public assistance to employment and self-support by registering the eligible participants, referring them to the Division of Employment Security for training or job placement and/or job counselling and providing the social services necessary so the participant can be separated from the family, such as day care services.

The Demonstration Project for Day Care was designed to show the feasibility of providing day care services for lower middle-class working families before the need for public assistance has developed.

Donated Funds Program
Expenditures and Clients Served
by Service Area, Fiscal Year 1975

<u>Service Area</u>	<u>Expenditures</u>	<u>Clients Served</u>
Protective Services	\$1,012,346	4,331
Emergency Services	131,628	644
Day Care Services	1,959,662	1,454
Homemakers	73,544	114
Unwed Mothers	37,008	147
Campership Program	643,686	5,500
Counselling and Family Life	371,687	3,682
Housing Services	18,006	-
 TOTAL	 \$4,247,567	 15,872

Donated Funds

This program administered by the Office of Social Services, utilizes the funds provided by private agencies (25%) and matched with federal funds (75%) to provide social services to eligible clients in Massachusetts. Over 15 thousand clients were assisted by these means in Fiscal Year 1975.

Of the 4.25 million dollars expenditures the state did not have to provide any funds directly; the agencies provided about 1 million while the federal government about 3 million dollars.

Compared to 1974 (Fiscal Year) the number of clients receiving assistance has increased significantly. The number receiving day care services under the program increased from 1074 to 1454; Family Life Education from 842 to 3,682 and Protective Services from 4,083 to 4,331. A new Campership Program serving 5500 clients was instituted during the fiscal year. Only the homemaker program showed a decline. From 416 clients served in FY 1974 to 114 clients in FY 1975.

CHILD WELFARE SERVICES
in Fiscal Year 1975

Caseload and Expenditures

Expenditures for Child Welfare showed a significant increase when compared to the preceding year and in fact reached an all time high as far as expenditures for Care and Maintenance and Tuition and Transportation combined, are concerned. This program administered by the Division of Family and Children's Services, provides care for children supervised by the Department in lieu of their own parents.

In 1974 (Fiscal Year) expenditures for Care and Maintenance and Tuition and Transportation (to school) reached just under \$30 million. In 1975 (Fiscal Year) this figure reached almost \$32 million.

This increase of 6.5 percent follows an increase of 18% experienced in Fiscal Year 1974.

Proportionally, Child Welfare expenditures differed from those in Fiscal Year 1974. In FY 1974 almost 70 percent of the total expenditures was for payments to foster mothers and non-medical institutions that provide care to the children, in 1975 almost 76% of the total was expended for board payments. Expenditures for clothing in 1974 were 6.7 percent of Total Expenditures and in 1975 they were 6.3%. The percent for Doctors, Dentists and medical supplies actually declined from 2.9% to 2.3%. Tuition and Transportation costs to school likewise declined and these costs as a percent of the total fell from 12% to 5.2%. This was because only one year's transportation and tuition is included. In Fiscal Year 1975 the "other" portion of total expenditures reached 5.8 percent of the total compared to 4.3% in Fiscal Year 1974.

Child Welfare Expenditures, by Type, Fiscal Years 1974-1975

<u>Type</u>	<u>Fiscal Year 1974</u>	<u>Fiscal Year 1975</u>	<u>Year to Year Percent Change</u>
Total All Types	\$29,866,101	\$31,808,867	+ 6.5
Care and Maintenance	26,253,762	30,156,385	+ 14.9
Board, etc.*	20,702,094	24,109,977	+ 16.5
Clothing	1,986,370	2,008,652	+ 1.1
Hospital Care	1,445,525	1,466,821	+ 1.5
Doctors, Dentists, etc.	762,692	640,725	- 16.0
Medical Supplies	83,674	96,267	+ 15.1
Other**	1,273,407	1,833,943	+ 44.0
Tuition and Transportation	3,612,339	1,652,482	- 54.3

* This item represents payments to Foster Mothers, and to Non-Medical Institutions for the care of children.

** This item includes Travel, Advertising, Tuition and Kindergartens, Personal Needs, Social Services for older children, etc.

Child Welfare Expenditures, Fiscal Years 1975-1974

The table above reports the variations and year to year changes in the type of care for which these expenditures are made. It will be seen that several types of expenditures reflect increases in rates. Board payments to Foster Mothers and Institutions are higher because of cost of living increases affecting the price of fuel, food and other commodities and the cost of many types of medical care has also risen due to higher prices.

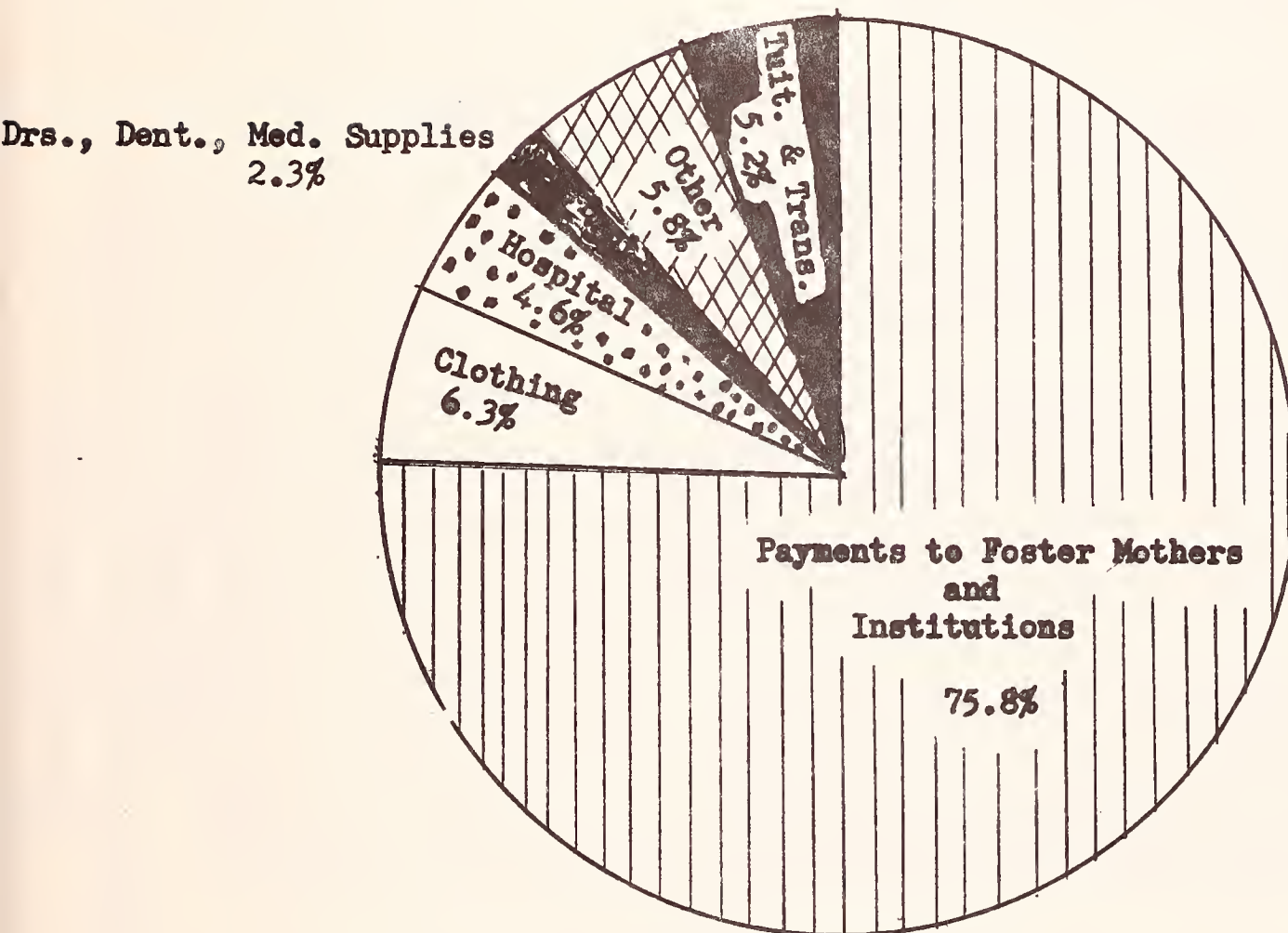
Payments for tuition and transportation declined as payments in FY 1974 covered two years. Other payments increased due to the new social service programs for Unwed Mothers and a special project of emergency care which accounted for \$1.1 million of the \$1.8 million Other total. Board rates increased also which caused the 1975 total payments to exceed the 1974 payments by 16.5 percent.

CHILD WELFARE SERVICES

Percent of Total Expenditure By Type

1975 Fiscal Year

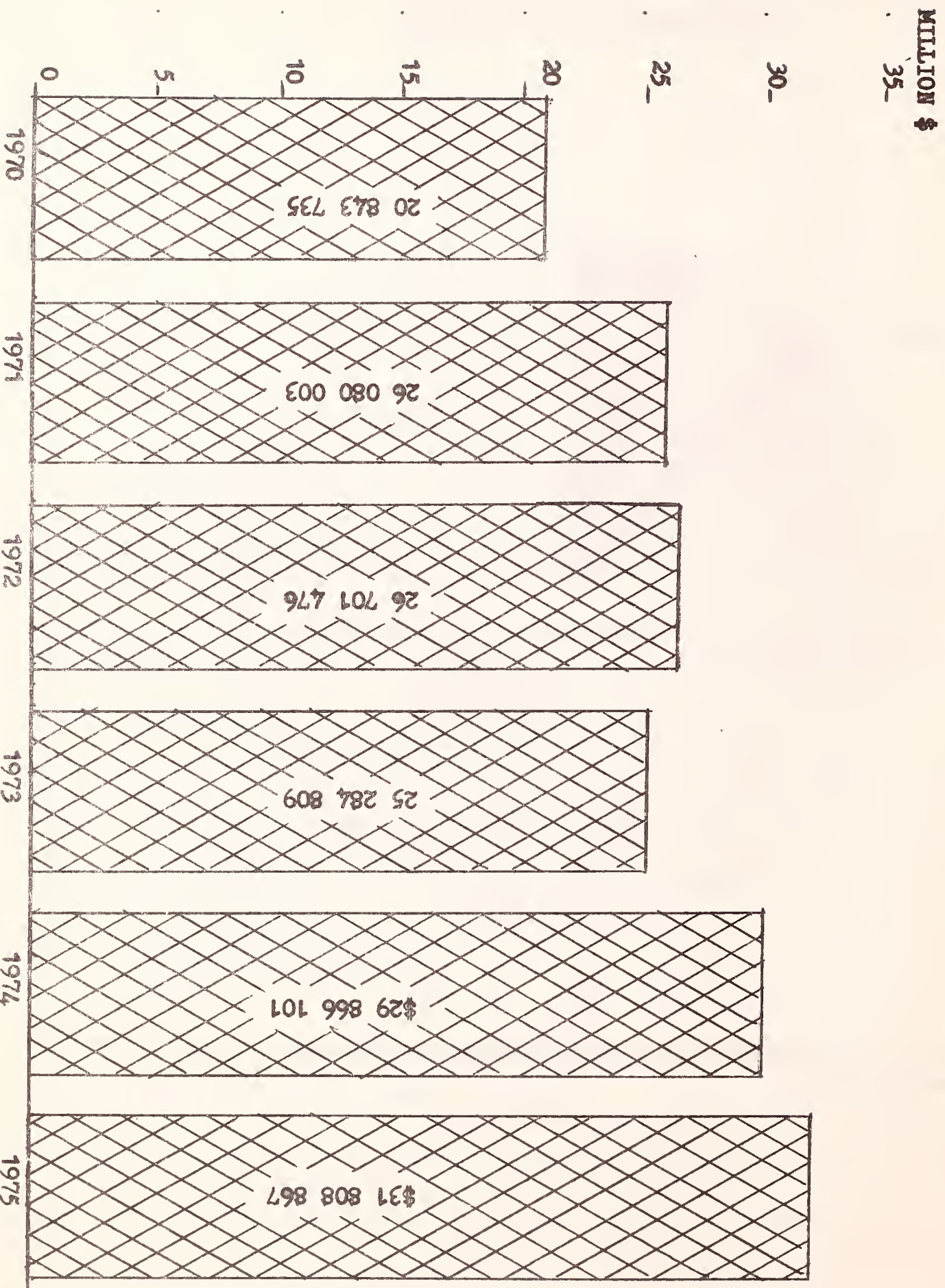
Total Expenditure \$31 808 867



Source: Raymond Trial Balance, Care and Maintenance Accounts, Expenditures Plus Accounts Payable.

Child Welfare Services
Expenditure for Care and Maintenance and Tuition and Transportation

Fiscal Years 1970 - 1975



Source: Raymond's Trial Balance - Expenditures plus Accounts Payable 1972 - 1973 - 1974
 Expenditures in Prior Years.

ADMINISTRATION

The following section describes the administrative costs of the Department and additional data regarding selected areas of administration. Essentially about 71 million dollars is spent to administer the programs which account for an expenditure of almost 1.2 billion dollars. In other words, 5.6 percent of the total expenditure of the Department is used for administration.

Expenditure for Administration by Area

Fiscal Year 1975

Regular Administration of the Programs	\$57,561,381
Vendor Payment System	5,309,612
Food Stamp Program	4,407,352
Hospital Admission Surveillance System	1,810,051
Child Support Enforcement Unit	1,034,564
Administration, Social Services	642,192
Administration, Donated Funds	<u>339,983</u>
Total, All Administrative Areas	\$71,105,135

Source: Status of Appropriation Accounts; June 1975, Expenditures adjusted for Encumbrances and Accounts Payable 1974 F.Y.

Compared to last year, regular administration was up less than \$2,000,000 despite a large caseload increase from the year before. Funds from this account are used for the salaries of social workers and supporting staff, the purchase of postage, equipment and supplies for the staff and rents and utilities for the various offices throughout the Commonwealth.

The Vendor Payment System is a system designed to automatically reimburse vendors, especially vendors of medical services, for their goods and services in a timely and efficient manner.

The Food Stamp Program administrative costs have become a major segment of total administrative costs only in the past fiscal year. In 1975 over \$4 million was used to process the applications, cover the cost of the distribution of the stamps and other related expenditures. This was the first year when the present food stamp program in its present form was in operation by the Department.

The Hospital Surveillance System or H.A.S.S. is a system designed to insure that the Medical Assistance clients receive the proper amount of care in hospitals and are discharged from the hospital, neither before or after the proper number of days have elapsed for a particular medical condition.

The Child Support Enforcement Unit has been created to maximize the amount of support payments to the Department by the legal fathers of children receiving assistance. Although this procedure has been followed by the regular staff and has been in effect for many years, in fiscal year 1975, a unit specializing in this type work was created and funded for control and accountability.

Two units, Social Service Administrative Unit and Donated Funds Administrative Unit were created to control the purchase of social services by the Department and the operation of the Donated Funds Program for greater accountability and control and are funded separately. In past years the expenditures for these units were listed under social services but it would perhaps be more informative to list them under administrative costs.

Compared to the year before, regular administration has increased about 3 percent or 2 million dollars; expenditures for H.A.S.S. have doubled, expenditures for the Vendor Payment System have increased 1.5 million dollars and Food Stamp administrative expenditures were just under 4.5 million dollars whereas last year only 17 thousand dollars was spent

for planning purposes. Another new administrative cost was the Child Support Unit which accounted for about 1 million dollars in fiscal year 1975. The cost of administration of the Donated Funds program and the Social Service program has declined slightly.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Regional Summary of Staff Positions Filled and Vacant December 1975

<u>Region</u>	<u>Positions Filled</u>	<u>Positions Vacant</u>	<u>Total Positions</u>
Central Office	672	376	1,048
Greater Boston	1,023	207	1,230
Lawrence	580	71	651
New Bedford	740	119	859
Springfield	652	112	764
Worcester	514	67	581
City of Boston	1,206	268	1,474
Westborough	<u>152</u>	<u>55</u>	<u>207</u>
TOTAL ALL REGIONS	5,539	1,275	6,184

Staff Positions Filled and Vacant

The table above is presented to show the size of the staff responsible for the delivery of public assistance, medical care and social services to the citizens of the Commonwealth eligible to receive such assistance. The December 1975 data is shown, rather than a particular month in fiscal year 1975, to show how the staff is distributed. Even though the total number of positions in December is up about 50 workers since June 1975, the number of positions actually filled is down about 385 since June.

It can be seen from the table that most of the staff is employed outside the Central Office or the Medical Claims Center at Westboro. The City of Boston Region has the largest number of employees of any region. This and the other regional totals (except Central Office and Westboro), include the employees in the regional office as well as the employees in the individual welfare service offices.

Staff Positions Filled and Vacant (cont.)

The ratio of employee to eligible cases^{1/} has declined significantly from June, 1974. In June, 1974 there were 33.8 cases for each worker; in June 1975, 42.3 cases. Of course not all the staff actually have a caseload or are social workers.

Of the positions filled, about 75 percent are permanent employees and about 70 percent of the employees are female. Minorities comprise about 7 percent of the total staff.

In June, 1974 the City of Boston had the most employees actually working, followed by Greater Boston, the Central Office and Springfield Region. In December, 1975, the City of Boston was the leader followed by Greater Boston and New Bedford. This was due to the phase-out of the Brockton Regional Office and the distribution of many of the employees to the Central Office, the Greater Boston Regional Office and WSOs and the New Bedford Regional Office and WSOs.

1/ The total caseload does not include either Supplemental Security Income cases or Food Stamp cases, only the AFDC, GR and Medical Only programs. As there were almost 85,000 Non-PA Food Stamp cases in June 1975 and an insignificant number in June 1974, the actual number of cases per employee in 1975 would be a great deal higher if Food Stamp cases were included.

APPENDIX I

Massachusetts Department of Public Welfare 1974 Calendar Year Direct Payments By Category, By WSO, By Region

City or Town		AFDC	GR	CR
Boston City		\$100,771,756	\$21,733,260	\$497,590
Total Boston Region		100,771,756	21,733,260	497,590
Adams	WSO	2,078,420	219,449	
Chicopee	"	2,965,472	275,944	
Great Barrington	"	357,637	46,508	
Greenfield	"	2,215,054	528,802	
Holyoke	"	5,466,647	932,741	2,516
Northampton	"	2,405,405	603,135	
Palmer	"	827,888	153,382	
Pittsfield	"	3,760,228	711,667	
Russell	"	328,775	26,174	
Springfield	"	20,861,943	3,155,597	12,998
West Springfield	"	1,693,817	202,251	
Westfield	"	1,934,791	198,119	
Total Springfield Region		44,896,078	7,053,769	15,514
Athol	WSO	638,031	68,040	
Clinton	"	3,723,391	21,637	
Fitchburg	"	3,737,261	203,903	
Leicester	"	583,509	18,247	
Leominster	"	1,233,804	58,312	
Medway	"	2,819,819	180,998	
Northbridge	"	1,176,817	85,942	
Shrewsbury	"	315,566	10,875	251
Southbridge	"	3,506,749	226,325	2,151
Templeton	"	2,371,392	227,720	
Worcester	"	12,796,919	792,131	42,755
Total Worcester Region		29,903,258	1,894,131	45,157
Amesbury	WSO	1,377,761	97,270	
Beverly	"	1,822,118	269,123	
Billerica	"	1,058,496	71,052	
Chelmsford	"	463,857	15,798	
Concord	"	1,195,049	152,499	
Dracut	"	772,475	47,689	
Essex	"	304,776	15,311	
Georgetown	"	223,210	20,800	
Gloucester	"	1,712,958	120,803	1,080
Haverhill	"	3,596,825	425,219	1,227
Lawrence	"	6,773,454	641,336	53,195
Lowell	"	9,068,163	1,036,048	12,245
Methuen	"	1,107,430	102,477	2,299
Newburyport	"	944,729	155,611	
North Andover	"	297,191	16,522	
Peabody	"	1,830,530	218,377	2,014
Salem	"	2,296,171	216,033	4,662
Tewksbury	"	562,271	46,911	
Westford	"	163,235	5,747	
Wilmington	"	436,435	42,369	
Woburn	"	1,799,538	200,065	
Total Lawrence Region		37,806,672	3,917,061	76,722

City or Town		AFDC	GR	CR
Arlington	WSO	\$ 967,428	110,861	\$ 881
Brookline	"	818,248	222,788	13,112
Cambridge	"	5,870,828	643,855	29,821
Chelsea	"	4,110,450	417,828	86,952
Everett	"	3,034,369	391,894	7,319
Framingham	"	2,689,119	205,325	15,242
Hudson	"	375,591	40,260	-
Lynn	"	11,348,688	1,857,878	1,127
Malden	"	4,119,748	652,722	
Marlboro	"	1,725,381	140,780	
Medford	"	2,663,392	242,242	
Melrose	"	681,568	69,569	1,453
Natick	"	732,331	47,627	-
Newton	"	1,139,434	138,330	5,875
Reading	"	1,357,725	128,021	
Revere	"	2,957,947	417,446	1,247
Somerville	"	8,005,496	837,765	10,006
Wakefield	"	480,800	35,353	-
Waltham	"	2,340,916	249,518	-
Watertown	"	794,547	62,056	8,518
Winthrop	"	834,420	126,852	4,410
Total Gr. Boston Region		57,048,427	7,038,967	185,963
Attleboro	WSO	3,728,352	210,320	
Brockton	"	12,821,882	1,566,056	4,074
Dedham	"	808,679	40,306	
Hingham	"	641,976	72,532	
Norwood	"	1,636,551	146,740	
Quincy	"	4,792,677	622,948	
Randolph	"	738,422	52,429	
Taunton	"	3,707,625	224,073	
Weymouth	"	2,924,264	237,287	
Total Brockton Region		31,800,429	3,172,691	4,074
Barnstable	WSO	3,113,439	521,404	
Bourne	"	571,314	53,358	
Fairhaven	"	1,247,294	122,262	
Fall River	"	8,474,868	545,290	
Falmouth	"	1,496,572	150,626	
Marshfield	"	1,459,632	101,150	
Nantucket	"	174,221	79,376	
New Bedford	"	11,080,274	1,219,601	816
Oak Bluffs	"	212,724	20,694	
Orleans	"	983,627	493,758	
Plymouth	"	1,620,311	202,092	
Rockland	"	1,279,949	79,126	1,274
Wareham	"	1,669,733	123,667	
Total New Bedford Region		33,383,958	3,712,404	2,091
Grand Total (STATE)		\$335,610,581	\$48,522,282	\$827,110

APPENDIX II

Caseload By Program By Welfare Service Office, Region and State June 1975

	<u>Medical Only</u>					
	<u>AFDC</u>	<u>GR</u>	<u>Aged</u>	<u>Disabled</u>	<u>AFDC Related</u>	<u>Children Under 21</u>
<u>Total State</u>	112,302	45,790	41,374	7,663	7,812	25,821
<u>Total Boston Region</u>	28,590	16,346	6,166	1,267	1,055	3,404
East Boston	2,205	1,705	14	4	34	108
Church Street	1,659	3,209	5	12	9	225
Roxbury Crossing	5,448	3,262	0	0	2	166
Hancock Street	3,235	897	3	7	26	224
Adams Street	4,578	1,497	148	537	964	2,267
Grove Hall	6,189	2,612	5	7	11	107
Inst. & Nursing Homes	0	106	4,572	673	2	4
Hawkins Street	0	9	53	6	0	0
Columbia Point	577	92	0	0	0	19
West Howell	1,622	1,907	10	10	1	118
"D" Street	439	31	1	0	4	9
Morton Street	6	873	14	11	0	69
So. Huntington Ave.	710	46	2	0	0	30
Roslindale	1,922	100	6	0	2	58
<u>Total Springfield Region</u>	16,262	6,909	4,805	963	1,158	4,331
Adams	787	243	314	62	86	276
Chicopee	1,094	263	311	50	44	220
Gt. Barrington	154	69	159	23	12	35
Greenfield	855	448	305	42	108	350
Holyoke	1,871	866	576	205	169	589
Northampton	946	737	450	114	130	406
Palmer	361	163	130	44	79	170
Pittsfield	1,242	641	510	73	143	304
Springfield	7,391	2,956	1,483	251	276	1,524
Westfield	888	311	218	62	62	294
W. Springfield	673	209	277	36	49	163
Other	0	0	72	0	0	0

Medical Only

	<u>AFDC</u>	<u>GR</u>	<u>Aged</u>	<u>Disabled</u>	<u>AFDC Related</u>	<u>Children Under 21</u>
Total						
<u>Gr. Boston Region</u>	18 407	6 885	9 785	1 851	1 555	4 356
Arlington	326	137	299	58	44	111
Brookline	296	224	400	70	50	68
Cambridge	1 936	822	705	124	95	255
Chelsea	1 250	308	234	54	43	195
Everett	974	333	383	90	60	251
Framingham	1 035	267	833	102	117	336
Hudson	142	41	74	8	10	35
Lynn	3 550	1 588	1 029	200	146	612
Malden	1 302	606	638	162	155	489
Marlborough	680	191	488	101	84	193
Medford	853	199	549	111	123	291
Melrose	248	94	155	39	45	75
Natick	243	49	261	47	51	55
Newton	405	115	702	77	44	93
Reading	434	111	281	47	74	163
Revere	953	374	504	105	99	197
Somerville	2 233	903	805	198	107	448
Wakefield	207	58	229	31	25	59
Waltham	805	288	547	157	106	257
Watertown	270	70	229	26	32	74
Winthrop	265	107	270	44	45	99
Other	0	0	170	0	0	0
Total						
<u>Brockton Region</u>	11 633	3 637	5 374	842	888	2 865
Attleboro	1 454	317	499	74	94	339
Brockton	4 516	1 613	1 631	230	156	871
Dedham	257	62	198	30	82	130
Hingham	216	77	104	10	25	66
Norwood	624	221	698	151	120	175
Quincy	1 704	576	1 077	144	126	369
Randolph	258	91	192	25	51	91
Taunton	1 547	370	525	120	95	492
Weymouth	1 057	310	386	57	139	332
Other	0	0	64	1	0	0

Medical Only

	<u>AFDC</u>	<u>GR</u>	<u>Aged</u>	<u>Disabled</u>	<u>AFDC Related</u>	<u>Children Under 21</u>
<u>Total</u>						
<u>Worcester Region</u>	11 545	2 826	4 832	1 009	765	3 410
Athol	402	145	94	32	37	155
Clinton	315	42	131	32	30	122
Fitchburg	1 442	347	445	63	91	541
Leicester	214	56	36	15	31	76
Leominster	584	81	132	18	32	129
Medway	1 039	236	351	72	72	351
Northbridge	647	170	355	78	54	314
Shrewsbury	133	26	123	15	18	38
Southbridge	1 401	411	602	153	116	618
Templeton	795	217	379	64	77	253
Worcester	4 573	1 095	1 916	467	207	813
Other	0	0	268	0	0	0
<u>Total</u>						
<u>Lawrence Region</u>	13 561	4 780	6 490	1 074	1 259	4 014
Amesbury	594	121	239	41	64	152
Beverly	610	296	303	42	44	170
Billerica	401	111	180	46	77	169
Chelmsford	174	63	178	14	32	36
Concord	455	163	309	53	85	152
Dracut	293	84	84	20	39	96
Essex	105	20	89	19	11	50
Georgetown	92	24	37	10	29	50
Gloucester	639	134	238	55	162	421
Haverhill	1 249	415	698	127	57	363
Lawrence	2 402	773	785	121	293	617
Lowell	2 913	1 213	960	163	107	700
Methuen	436	112	368	36	36	111
Newburyport	352	186	233	27	26	162
North Andover	122	28	179	25	16	118
Peabody	736	335	534	93	81	309
Salem	857	266	185	67	49	197
Tewksbury	209	115	170	35	29	110
Westford	67	14	51	3	5	21
Wilmington	154	42	52	17	20	80
Woburn	701	265	479	60	109	227
Other	0	0	139	0	0	0

